



Personal History Form

To be completed by candidate

Privacy: The Farmers companies do not share your personal information with third parties who are not affiliates of the Farmers Insurance Group® without your consent or unless required or permitted by law.

Personal

NAME (Last, First, Middle)		TODAY'S DATE	
STREET ADDRESS		HOME PHONE	
CITY, STATE, ZIP CODE		BUSINESS PHONE	
E-MAIL ADDRESS		MOBILE PHONE	
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE	EXPIRES
OTHER NAMES USED <i>(Alias, Former Names, Fictitious or "Doing Business As" names.)</i>			
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a U.S. citizen, are you legally authorized to live and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, can you provide proof of this eligibility upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Educational Background

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name/Location:	Number of years in college:	Major:	Name/Location:	College Degree obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Schooling:					

Work Experience

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	List all current and former employers, beginning with the most recent - minimum of last 5 years (attach separate sheet if necessary).				
Name, address and phone number of employer. Include contact name.	Type of Business	Duties	Annual Income	Month/Year	Reason for leaving
REPORTED TO:			BEGINNING	FROM	
				/	
			ENDING	TO	
				/	
REPORTED TO:			BEGINNING	FROM	
				/	
			ENDING	TO	
				/	
REPORTED TO:			BEGINNING	FROM	
				/	
			ENDING	TO	
				/	
REPORTED TO:			BEGINNING	FROM	
				/	
			ENDING	TO	
				/	

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact. _____

Personal References

List three people who we may contact as personal references.

Name	Address and phone number	Years of Acquaintance	Relationship

To maintain an appointment with the Farmers Insurance Group, candidates are required to travel as part of their work, maintain various insurance and securities licenses and be bonded. The following inquiries are therefore necessary, as applicants will have to respond to the same or similar inquiries as a part of the licensing and bonding process. Various licensing agencies will also do extensive checks, including criminal history background checks prior to issuing required licenses. If you need additional space, attach an additional sheet with the question restated at the top of the page. Sign the page.

INSURANCE

Do you have any life insurance on yourself and/or members of your family? Yes No
If "Yes," type and amount of insurance?

Do you have any insurance with Farmers at the present time? Yes No
If "Yes," what type?

LICENSES, BONDING

Have you ever been licensed to sell insurance? Yes No If "Yes," in what state?
Are you presently licensed to sell insurance? Yes No
If "Yes," type of license, license number, and state licensed in?
If "Yes," with which company are you / were you appointed?

Are you currently NASD registered? Yes No
If "Yes," what series and name of broker/dealer and CRD number?

PERSONAL BACKGROUND

Have you had any selling experience? Yes No
If "Yes," what products/services did you sell?

Any motor vehicle accident or traffic citations in the past five years? Yes No
If "Yes," what was the nature of the accident or citation?

Have you ever been charged, convicted, pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any felony?
 Yes No If "Yes," explain.

Have you ever been charged, convicted, pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any misdemeanor involving investments or investment-related business or any fraud, false statements or omission, wrongful taking of property, bribery, robbery, perjury, forgery, counterfeit, extortion or conspiracy to commit any of these offenses? Yes No If "Yes," explain.

Has the U.S. Securities and Exchange Commission, Commodity Futures Trading Commission, federal or state regulatory agency, foreign financial regulatory authority or self-regulating organization found you to have made false or misleading statements, dishonest, unfair, unethical practices or denied, suspended, revoked or restricted your registration or license or prevented you from associating with any investment-related business?
 Yes No If "Yes," explain.

Have you ever voluntarily resigned, been discharged or permitted to resign after allegations of violating investment-related statutes of failure to supervise in connection with an investment-related statutes? Yes No If "Yes," explain.

Within the last 10 years, have you ever filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition? Yes No
If "Yes," explain.

Are you currently the subject of any arrest warrant or on bail for any public offense? Yes No
If "Yes," explain.

Has a bonding company ever denied, paid out or revoked a bond for you? Yes No
If "Yes," explain.

Do you have a reason to believe you can not qualify for a fidelity bond? Yes No
If "Yes," explain.

Do you have any unsatisfied judgments or liens against you? Yes No
If "Yes," explain.

MISCELLANEOUS	
Provide comments regarding special abilities, training or other information not previously discussed that you feel may be helpful in considering your appointment.	
Please list any professional awards you have received, including a brief explanation of each.	
List professional associations, designations, or licenses.	
Please list any professional courses you have taken or are currently taking that would enhance your performance in this position. Omit any courses you have listed under Educational Background or that you took to receive a designation or license listed above.	
Are you willing to pursue continuing education in the insurance industry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List computer skills that you have:	
Languages other than English:	
Length in community: _____ years _____ months. List community involvement:	
How did you hear about this opportunity?	
If there is anyone affiliated with any of the entities comprising the Farmers Insurance Group of Companies [®] that you would like to use as a reference, please give their name(s).	
FINANCIAL INQUIRIES (AGENT/DM/RDM APPLICANTS ONLY) The establishment of an agency will require a monetary investment on your part as an applicant and appointee. The following questions address this matter. What is your combined cash, savings and investments that can be converted to cash in 90 days? How much of your combined cash, savings and investments would you be willing to invest in your own business?	
SKILLS & MANAGEMENT EXPERIENCE (AGENT/DM/RDM APPLICANTS ONLY) Have you had management/supervisory experience and/or owned your own business in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide explanation of any management experience, including past field management experience.	
What management skills and abilities do you or would you bring to the appointment as an agent/DM/RDM?	
BUSINESS TRAVEL, WILLINGNESS TO RELOCATE (DM/RDM ONLY) Are you able to travel or conduct overnight stays away from home if required by the position? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please explain.	
Are you willing to relocate to another city? <input type="checkbox"/> Yes <input type="checkbox"/> No To another state? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain any conditions you have regarding relocation.	
I acknowledge that the facts represented herein are true and accurate. I further acknowledge and agree that any false or misleading information, including any misrepresentation by omission, on this application may result in the immediate termination of my appointment agreement if I am appointed. I give Farmers Insurance authorized personnel and Farmers affiliated persons the right to verify information provided by me. For information received by Farmers, its authorized representatives and service providers in processing this application, I hereby release from liability Farmers and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I acknowledge that, if appointed, I shall not be considered an employee for any purpose of any of the entities comprising the Farmers Insurance Group of Companies.	
X _____	_____
Applicant's Signature	Date
For Company Use	
DM Comments	
DMM Comments	



Reserve Agent Program Application To be completed by candidate

APPLICANT'S NAME

DATE

Making the Commitment

Your signature on this page indicates your desire to be considered by the Farmers Insurance Group of Companies® for appointment as a reserve agent in our Reserve Agent Program. Under the Reserve Agent Program, you maintain your current livelihood and pursue a career as a Farmers agent on a part-time basis. While the Reserve Agent Program is designed to give you a feel for the business before making career-altering decisions, there is still a substantial commitment of time and money required.

While on the Reserve Agent Program, you will be compensated by earning commissions on the sale of Farmers products. The companies do not provide reimbursements for your time spent or expenses incurred while training, marketing, or conducting business related to building a Farmers agency.

While on the Reserve Agent Program, you will receive training on product knowledge and selling skills. The district manager's office will work closely with you, helping you build a Farmers agency.

The Reserve Agent Program is a temporary appointment and a part of our selection process. It is designed to allow both you and the companies the opportunity to fully examine each other. If you successfully complete this training period, you may be considered for appointment as a full-time agent in our Career Training Program.

To be considered for conversion as a career agent, you must meet the following minimum requirements:

- Complete the Business Builder Reserve Development System
- Meet the Career Conversion Production Requirements
- Demonstrate your ability to sell both Property and Casualty and cross-sell Life insurance
- Have a minimum of 1,200 bona fide X-dates
- Complete all licensing requirements for Farmers Financial Solutions®
- Meet the minimum equipment and related requirements for access to and use of the Farmers data systems and networks.

This is a summary of minimum requirements to be considered for appointment as a full-time career agent. Check with your district manager for specifics on these requirements or for any additional requirements. The full-time Career Agent Program selection process is very competitive, and the completion of the Reserve Agent Program does not in any way guarantee appointment to the Career Agent Program.

Acknowledgment

I have read and understand the above and wish to be considered for appointment as a reserve agent. I understand that the selection process is very competitive, and that completion of the Reserve Agent Program does not in any way guarantee appointment to the Career Agent Program. I understand that career appointment is made at the sole and absolute discretion of the companies.

I acknowledge that the facts represented by me during the appointment process are complete, true and accurate. I further acknowledge and agree that any false or misleading information, including any misrepresentation by omission, may result in the immediate termination of my agent's agreement if I am appointed.

X

Applicant's Signature

Date



FARMERS

Consent To Request Consumer Report and/or Investigative Consumer Information

I understand that Farmers®, Farmers Insurance Group® ("Farmers") and the insurance companies that do business under the Farmers® service marks¹ may utilize the services of a consumer reporting agency or agencies and obtain investigative consumer reports or consumer reports as part of processing my application for appointment as an Agent, District Manager, Reserve District Manager, Farmers Life Agent, District Life Specialist, Agency Producer, Customer Service Representative (circle one) of one or more of the Farmers companies. Farmers® may also utilize the services of these agencies for the purpose of evaluating the continuing of any appointments I may have with one or more of the companies, or for my obtaining further appointments with the companies.

I understand a consumer reporting agency may conduct an investigation and prepare an investigative consumer report or a consumer report that may include a financial credit check concerning my credit worthiness, credit standing or credit capacity; criminal background check; state licensing/disciplinary check; employment or contract check and other information bearing on my credit and financial history; character, general reputation, personal characteristics, mode of living; whichever are applicable. This report may be compiled with information from credit bureaus, courts records repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand such information may be obtained through personal interviews with my neighbors, friends and associates, acquaintances or other persons who may have knowledge regarding such information. I further understand that any offer of appointment will be conditional upon the receipt of satisfactory information as required.

I further understand that upon written request, subjects of any consumer report or an investigative consumer report have the right to: 1) receive a summary of their rights under The Fair Credit Reporting Act; and 2) receive a disclosure of the nature of scope of the investigation conducted.

I hereby consent to this investigation and to future investigations so long as I am appointed (or being considered for appointment) with Farmers®, and authorize Farmers® or its representatives to procure a report on my background as stated above from a consumer reporting agency or other source providing such information.

I agree that Farmers® has the right to release any information revealed by this investigation to any State requiring it.

A photographic or faxed copy of the Consent shall be as valid as the original.

Note to Residents of California, Minnesota or Oklahoma: In connection with your application for appointment, your credit report may be obtained and reviewed. You have a right to receive a free copy of your credit report by checking the box below:

YES, I am a resident of California, Minnesota or Oklahoma and would like to receive a copy of my credit report if it is obtained in connection with this application.

Print Name: Last			First	MI	Social Security Number		
Driver's License Number			State Issued		Date Issued		
Current Residence Address				City	State	Zip	
E-Mail Address				Phone			
Applicant Signature				Date			

Note to Farmers Service Center or State Office:

If the CA, MN, or OK candidate checks "YES", and a PEER® report is ordered, please complete the TransUnion Subscriber number for your location and fax this Consent form to TransUnion.

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¹ Farmers Insurance Exchange, Fire Insurance Exchange and Truck Insurance Exchange (and their subsidiaries and affiliates, including but not limited to their state domestic and mutual insurance companies in various states) and Foremost Corporation of America and its subsidiaries and affiliates, Mid-Century Insurance Company, Farmers New World Life Insurance Company, and Farmers Financial Solutions, LLC, all of which do business under the names Farmers® and the Farmers Insurance Group®.